

# DENTAL TRIBUNE

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## News in Brief

**Practice manager steals £25k**  
Dental practice manager Susan Codd, 52, was arrested in March this year after stealing almost £25,000 from patients. As reported in *Hull Daily Mail*, Codd had been stealing money from payments made to her by more than 500 patients since 2002, and was caught when financial anomalies appeared after the practice updated its computer system. Codd was questioned, and subsequently offered to resign. In March she was arrested, and admitted to stealing £8,000. She has since admitted to stealing the full £24,859.90, and was referred to Hull Crown Court for sentencing. She has been ordered to pay back all of the money, and has been given a 12-month suspended sentence. She has also been ordered to carry out 200 hours of unpaid work.

## Private dental school

The UK's first independent dental school aimed at a global market has been announced by the Leicester Dental Teaching Academy and the University of Buckingham. The school, which will be located in Leicester and will take 100 students annually on a degree course that lasts five years from September 2013, is aimed primarily at international students. The new venture is a partnership between the Leicester Dental Teaching Academy and the University of Buckingham. The new Bachelors degree in Dental Surgery will be awarded by the University of Buckingham and the course is designed to meet General Dental Council Outcome Measures and European standards as well as the requirements of the Quality Assurance Agency for Higher Education.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

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## CQC chair announces resignation

**"I now believe it is time to step aside and for a new Chair to lead CQC into the next stage" – Dame Jo Williams**



Dam Jo Williams

Just weeks after the new chief executive David Behan had settled into his office chair, another senior figure at the Care Quality Commission

(CQC) has announced their resignation.

After four years at the organisation, Dame Jo Williams is leaving her position as CQC chair.

Commenting on her decision, Dame Jo said: "Having served on the Board of the CQC for almost four years, and as Chair for nearly three, I am proud of the progress we have made.

It has been a demanding and complex role, and there have undoubtedly been challenges as we registered 40,000 providers and brought the entire health and social care system under one set of standards.

"But there is now clear evidence that our regulation is beginning to have an impact on the care that people receive, and it

feels as if the organisation is moving into the next stage of its development.

"And I am delighted that that I have been able to appoint David Behan as CQC's new Chief

*'There is now clear evidence that our regulation is beginning to have an impact on the care that people receive'*

Executive - I am confident that he will continue to build on the progress that we have made in promoting and protecting the health and safety of people

who use services.

"It has been a privilege to hold this important role but I now believe it is time to step aside and for a new Chair to lead CQC into the next stage."

Andrew Dilnot, Chair of the Commission of Funding of Care and Support, said: "I have enormous admiration and respect for Dame Jo; her insight, experience and commitment were invaluable to the work of the Commission of Funding of Care and Support, which reported last summer.

"While she will be much missed in her position as CQC Chair, I hope that Adult Social Care will continue to benefit from her contribution via other forums."

Dame Jo will remain in post until a successor is appointed. DT

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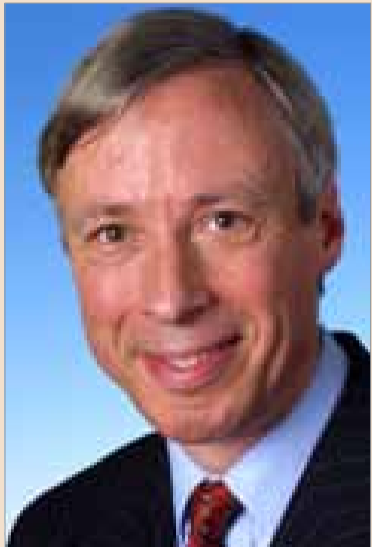
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# New Health Secretary in cabinet reshuffle



It was all change in the recent cabinet reshuffle, and the health sector did not escape. Secretary Andrew Lansley was demoted to Leader of the Commons, to be replaced by former Culture Secretary Jeremy Hunt. Speaking at the time, Hunt stated he was “incredibly honoured” to take over. “It is a huge task and the biggest privilege of my life,” he told the BBC. Lansley was reportedly sacked by the Prime Minister over his failure to communicate his controversial NHS reforms.

The government were quick to point out that the reshuffle does not affect policy and that the coalition commitments to dentistry remain.

Following on from the reshuffle, it was announced that Earl Howe will remain as the member of the Department of Health Ministerial Team responsible for dentistry. He is the only member of the team to retain their post. Former Ministers Simon Burns, Anne Milton and Paul Burstow have been replaced by Nor-

man Lamb, Anna Soubry and Daniel Poulter. Ms Soubry, a former television news journalist and presenter who has been MP for Broxtowe since the 2010 General Election, assumes responsibility for water fluoridation.

Confirmation that Earl Howe will remain the member of the Department of Health Ministerial Team responsible for dentistry has been welcomed by the British Dental Association. Dr Martin Fallowfield, Chair of the BDA's Prin-

cipal Executive Committee, commented: “This is a pivotal period in the reform of dental contracts and commissioning in England. A great deal of work has already been done, and significant challenges remain. The continuity that the decision to retain dentistry in Lord Howe's portfolio brings is good news.

“The BDA looks forward to continuing its engagement with Government to meet the challenges ahead.” [DT](#)

# Jaw reconstruction techniques compared

The Journal of Oral Implantology has presented a pilot study comparing transcristal techniques for maxillary sinus floor elevation. This is a surgical procedure that increases bone volume and prepares the upper jaw for dental implants. The study sought to determine if any of the techniques carried a greater risk of surgical complications.

Perforation of the sinus membrane is the most common surgical complication as-

sociated with maxillary sinus floor elevation. Perforations have been linked to acute or chronic sinus infection, oedema, bleeding, loss of bone graft material, and failure of the implant.

The conventional method for this procedure is the lateral approach, which gains surgical access through the zygomatic bone bordering the maxillary sinus cavity. While this is an invasive technique, there is a low incidence of complications. A less invasive procedure uses a

crestal approach through the osteotomy prepared for dental implant placement. However, this is a sensitive technique that restricts the surgeon's direct visual examination.

The current study used 20 human cadaver specimens with 40 intact sinuses, as test subjects for three transcristal surgical techniques. One experimental group used the DASK kit, which features specially designed surgical drills to apply mechanical and hydraulic pressure. Another experimen-

tal group received a surgical protocol that permitted entry into the sinus through crestal bone that had been eliminated during site preparation. A control group was treated with the osteotome/crestal sinus membrane elevation, or OCSME, technique.

Postoperative assessment of the specimens determined whether membrane perforation had occurred. Direct visual endoscopy, cone-beam computerized tomography, and periapical radiographs were

used. While the study found endoscopy to be the preferred form of detecting membrane perforations, no significant differences were found in the rate of perforations among the surgical techniques used.

Full text of the article, “*The Incidence of Maxillary Sinus Membrane Perforation During Endoscopically Assessed Crestal Sinus Floor Elevation: A Pilot Study*,” Journal of Oral Implantology, Vol. 38, No. 4, 2012, is available at <http://www.joinonline.org/> [DT](#)

# ‘One suicide is one too many’

A new Suicide Prevention Strategy has been launched, aiming to focus on supporting bereaved families and preventing suicide amongst at risk groups.

The strategy, launched by the Government and supported by organisations such as the Samaritans is supported by a £1.5m grant for research.

The strategy is the first in more than 10 years and aims to reduce the suicide rate in England and better support those who have been bereaved or affected by suicide. There are six key areas for action, including:

- A better understanding of why people commit suicide and how it can be prevented – supported by new suicide prevention research funding
- Working with the media, and the internet industry through members of the UK Council for Child Internet Safety (UKCCIS) to help parents ensure their children are not accessing harmful suicide-relat-

ed websites, and to increase the availability and take-up of effective parental controls to reduce access to harmful websites

- Reducing opportunities for suicide, by making sure prisons and mental health facilities keep people safer – for example by redesigning buildings to take away ligature – and by safer prescribing of potentially lethal drugs.

- Better support for high-risk groups – such as those with mental health problems and people who self-harm – by making sure the health service effectively manages the mental health aspects as well as any physical injuries when people who have self-harmed present themselves

- Improving services for groups like children and young people or ensuring the mental health needs of those with long-term conditions are being met through the Government's mental health strategy
- Providing better informa-

tion and support to those bereaved or affected by suicide – making sure families are included in the recovery and treatment of a patient and giving support to families affected by suicide

Care Services Minister, Norman Lamb said: “One death to suicide is one too many – we want to make suicide prevention everyone's business. Over the last 10 years there has been real progress in reducing the suicide rate, but it is still the case that someone takes their own life every two hours in England.”

To enable the delivery of better outcomes for people using health and care services, the Government Policy Research Programme is funding up to £1.5m for research to help develop the evidence base and improve understanding of:

- how to reduce the risk of suicide for people with a history of self-harm
- how self-harm can be better

managed and suicide reduced in children and young people

- how interventions can be tailored to improve the mental health in some specific groups
- how and why suicidal people use the internet
- how support can be provided effectively to those bereaved or affected by suicide

Supported by a grant from the Department of Health, the Call to Action consists of national organisations from across England committed to taking action so fewer lives are lost to suicide and people bereaved or affected by suicide receive the right support. This is the first time that organisations have committed to working together to share best practice and deliver real action to tackle suicide. [DT](#)

## E-petition

A dentist from Yorkshire has launched an e-petition to call for the Government to take a closer look at the funding for NHS dentistry.

Anthony Kilcoyne, owner of The SmileSpecialist® Centre in Haworth, has taken the step to gather support for what he sees as ‘The Big Lie’; in that the Government needs to recognise that NHS dentistry in its current form cannot meet the clinical dental needs of the public without doubling funding.

On the e-petition page, Dr Kilcoyne states: “*It is time that Government acted by FIRST diagnosing publically that without doubling funding, NHS dentistry cannot meet everyone's clinical needs realistically.*”

“*Only then can it devise its first ever National Dental Strategy, that takes the long-term view, transcends artificial medical and social care barriers and synergises (rather than demonises) with Private dental options too, in the Public Interest overall.*”

To view the e-petition, go to: <http://epetitions.direct.gov.uk/petitions/37296> [DT](#)

## Editorial comment

**T**his week I've been amused by the lengths some companies will go to when trying to align their brand with current affairs. In the US, the upcoming Presidential elections are looming large and all the razzmatazz that goes with the political canvassing of the candidates is seeing a frenzy of comment and debate about who's going to win.

In a desperate attempt to jump on the bandwagon, a US whitening product manufacturer has joined the fray by releasing the results of a study which point to presidential candidates' teeth whiteness as a leading indicator of election success.

### New way to patch up teeth

Scientists in Japan have created a 'tooth patch' that could mean the end of decay. The patch is a microscopically thin film that coats individual teeth, and can also make teeth appear whiter. The researchers have been experimenting on disused human teeth, and will soon move to test on animal teeth.

"This is the world's first flexible apatite sheet, which we hope to use to protect teeth or repair damaged enamel", said chief researcher Shigeki Hontsu, professor at Kinki University in western Japan.

The 'tooth patch' is a heard-wearing and ultra-flexible material made from hydroxyapatite, the main mineral in tooth enamel. By creating an all-apatite sheet, the researchers are essentially creating artificial enamel which could mean the end to sensitive teeth as well as decay.

The film is 0.004mm thick, and is created by firing lasers at compressed blocks of hydroxyapatite in a vacuum to make individual particles pop out. The particles fall onto a block of salt which is heated to crystallise them, before the salt stand is dissolved in water. The film is scooped up onto filter paper and dried, and is then robust enough to be picked up using tweezers.

"The moment you put it on a tooth surface, it becomes invisible", Hontsu told AFP. One problem, however, is that it takes almost one day to adhere firmly to the tooth's surface.

It will be five years or more before the film can be used in practical dental treatment, but it should be available to use cosmetically within three years. **DT**

According to the company's press release: An analysis of photos taken of presidential candidates on the campaign trail showed the correlation between teeth whiteness and electability.

Photo evidence going back to 1992 shows the candidate with the whiter teeth winning the election. When he was just

Governor of Arkansas, Bill Clinton had a considerably whiter smile than incumbent President George H.W. Bush. Clinton handedly won the election, a feat he repeated in 1996 against the dimmer-smile-bearing Bob Dole.

In 2000, George W. Bush had only marginally whiter teeth than Vice President Al Gore, a portent of the narrow election win he'd see in November. But,

just four years later his teeth outshone those of Senator John Kerry, and Bush once again one the election.

So, I hear you cry, what is in store for this year's candidates? Well it seems to be a good year for current incumbent President Obama, as he shades it over main rival Mitt Romney. Will it be a white-wash? We'll find out in November! **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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<sup>1</sup> Independent survey of dentists who recommend toothpastes, April 2011. <sup>2</sup> Schiff T et al Am J Dent 2009; 22 (Spec Iss A): 8A-15A. <sup>3</sup> Hamlin D et al Am J Dent 2009; 22 (Spec Iss A): 16A-20A. <sup>4</sup> Boneta et al (2009). Data on file, Colgate-Palmolive Ltd.

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# Enzyme link to bone loss found



A research scientist based at the University of Louisville (Kentucky, USA) has discovered a way to prevent inflammation and bone loss surrounding the teeth by blocking a natural signalling pathway of the enzyme GSK3 $\beta$ , which plays an important role in directing the immune response.

Publishing his findings in the journal *Molecular Medicine*, researcher David Scott,

PhD and his team found that not only do the results have implications in preventing periodontal disease, but also may have relevance to other chronic inflammatory diseases. Since GSK3 $\beta$  is involved in multiple inflammatory signaling pathways, it is associated with a number of diseases and also is being tested by scientists for its impact in Alzheimer's disease, Type II diabetes and some forms of cancer, to name

a few.

"The traditional approach to dealing with periodontal disease is to prevent plaque from forming at the gum-line or prevent the consequences of periodontal disease progression," Scott said. "Our approach manipulates a natural mechanism within our bodies to prevent inflammation and subsequent degradation when exposed to the bacterium *P. gingivalis*." [DT](#)

## Bruxism Awareness Week



Bruxism is one of the most common conditions to be induced or exacerbated by tension and yet surprisingly few people are familiar with the term or know

about the damage it can do. Or indeed, who can help.

For these reasons, in 2010 the team at S4S, providers of the NTI-tss mini anterior Bruxism splint, decided to establish Bruxism Awareness Week. They realised just how little awareness there was amongst both the public and dental professionals on this subject and decided that something had to be done. The annual event aims to enlighten sufferers as to the nature of their condition and encourage them to contact their local dentist for sim-

ple, swift and straightforward treatment.

A huge success, the event was repeated in 2011 and now the third Bruxism Awareness Week takes place October 22-28, 2012.

During Bruxism Awareness Week, dental practices throughout the UK will be holding open days, encouraging patients to make the first step towards getting professional help. A 'Practice Information and Promotion' pack from S4S is available to any

UK dental practice on request to help publicise activity and treatment.

The event will also include a series of seminars and promotional events to draw attention to the scale of distress brought about by Bruxism.

To learn more about Bruxism Awareness Week or request a free information and promotion pack, please contact S4S on 0114 250 0176, or email: [info@s4sdental.com](mailto:info@s4sdental.com) [DT](#)

## Will you stop for 'Stoptober'?

Stoptober, the first ever mass quit attempt for smokers, has been launched by Chief Medical Officer Professor Dame Sally Davies.

The innovative campaign comes as smoking remains the biggest killer in England with half of long-term smokers dying prematurely from smoking related diseases.

Stoptober takes place from 1 October and is backed by Cancer Research UK and British Heart Foundation. It is the first 28-day quit attempt of its kind to encourage the nation's 8m smokers to make the step towards a smokefree future.

Smokers will receive support and encouragement through TV and radio advertising plus a daily messaging service and roadshows around the country.

Research shows those who stop smoking for 28 days are five

times more likely to stay smoke-free. Stoptober will lend a hand to help smokers achieve this goal.

The new campaign is also supported by the Stoptober app (available free via Smartphone) as well as the Smokefree Facebook page with additional tips and advice.

Jean King, Cancer Research UK's director of tobacco control, said: "Smoking accounts for one in four cancer deaths and nearly a fifth of all cancer cases so it's vital that work continues to support smokers to quit.

"Breaking the addiction is difficult so new and innovative campaigns such as this are hugely important.

"After the success of the Olympics and Paralympics where we've seen such fantastic feats of physical achievement, it would be great to think this might help also motivate smokers to quit and take advantage of Stoptober. It's key that smokers don't give up trying to give up."

To find out more about the campaign go to [smokefree.nhs.uk/Stoptober](http://smokefree.nhs.uk/Stoptober). [DT](#)



## Dental students support outreach programme



Treating locals

Twenty-one dental students from the Cardiff Dental School participated in an outreach programme to help improve the quality of life in underserved communities in Ghana

Organised by Global Brigades, the students supported one of nine skill-based programmes (Dental Brigade) by establishing a dental clinic in Ekumfi Agyankwa, a village about two hours away from the Ghanaian capital Accra. More than 400 adults and approximately 500 school children were treated, dental check-ups were made and immediate dental pain relief was delivered. Furthermore,

the dental professionals were able to provide education for life-long oral health benefits, with toothbrushes and toothpaste given to local school children.

"The Global Brigades trip to Ghana was a great success in many aspects", said Sachin Sheth, student of the Cardiff Dental School, "We not only were able to help so many local Ghanaians. This outreach programme also made a huge difference to our personal lives and our elective experience". The students have been accompanied by five dentists and one specialist oral surgeon.

The trip was also supported by Henry Schein UK, who through its Henry Schein Cares initiative donated oral health care travel packs. The packs consist of a pre-packed assortment of essential dental supplies that oral health care professionals can use to treat those in need.

Simon Gambold, managing director at Henry Schein UK, commented: "We are very pleased to see that our donation is helping dental professionals provide crucial treatment for oral diseases as well as essential preventive care to those in desperate need. The oral health travel packs donation is exactly meeting with the mission of our global social responsibility programme, Henry Schein Cares, and we are very grateful that we were able to realise this programme through the generous support of some of our supplier partners." [DT](#)



Cardiff dental brigade



## X-Mind 3D

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# Foundation Shows Support For Key European Oral Health Policies



Following attendance at one-day conference Are we taking enough care of our teeth? The case for a European oral health policy at the European Parliament in Brussels, The British Den-

tal Health Foundation has welcomed The State of Oral Health in Europe report and a number of key recommendations.

The report states that de-

spite a reduction in global caries, those from poorer backgrounds will still be plagued by dental disease. Access to oral healthcare services remains 'a major health problem', while the economic impact of oral health related problems is forecast to rise by 2020.

The report has also identified that half of the European population may suffer from severe gum disease, a leading cause of tooth loss among adults. Chief Executive of the BDHF, Dr Nigel Carter OBE, welcomed the recommendations put forward in the report. He said: "The Foundation unequivocally supports the policy recommendations detailed in the report. Addressing exist-

ing oral health inequalities is a vital step towards improving oral health across the globe.

"By educating the public on prevention and better oral hygiene practices, a key aim of the Foundation, we hope to see a further reduction in the level of gum disease and tooth decay seen globally. These are two highly prevalent yet highly preventable diseases, and although we have seen vast improvements over a number of years, there's a collective responsibility to review our oral hygiene routine and seek ways in which improve it."

The policy recommendations include:

- Develop a coherent European strategy to improve oral health with commitments to quantifiable targets by 2020
- Improve the data and knowledge base by developing common methodologies and bridging the research gap in oral health promotion
- Support the development of cross-sectoral approaches with health and social care professions and support the development of the dental workforce
- Address increasing oral health inequalities and knowledge of prevention/oral hygiene practices of the public and guarantee availability and access to high quality and affordable oral health care
- Encourage best practice sharing across countries **DT**

## BKH joins forces with Same Day Smiles

The BKH Group has gone into partnership with Same Day Smiles, the nationwide dedicated dental implant team. At the same time, Dr Alex Jones, principal of PDC Dental, has joined SDS as Business Development Director.

"The BKH team will impact in all areas of the business - finance, marketing, customer service, compliance, operations and team-build-

ing," commented Dr Richard Brookshaw, Clinical Director at SDS. "I am very excited about the future potential this releases for the business and all those who work for and with us."

Dr Alex Jones said: "I am very excited not only to work with existing sites on improving the services we offer, but also to bring new sites into the SDS family and create a national brand of which we can

all be very proud."

"We are absolutely delighted to be working with Richard and Alex," stated Chris Potts, Managing Director of BKH. "This is a really exciting development for existing and future partners of BKH and potentially everyone that we work with." **DT**

## Charity resources catalogue out

The British Dental Health Foundation has launched its latest educational resources catalogue with more than 500 products to help support dental professionals.

The 75-page catalogue has been updated with an exciting new range of products to help assist dental practices communicate, and motivate their patients.

Included in the new series of products is a collection of 'Infobites'. Taking bite-sized

information from the hugely popular Tell Me About range, these A6 postcards are ideal for patients to take home and refer to.

The Foundation will now also stock Multilingual Health History Forms. These are specially designed for frontline staff at dental practices to undertake a rapid patient health appraisal quickly, cheaply and without the need for an interpreter. The form includes more than 250 open format and dichotomous questions covering key personal, medical and dental information, and helps dentists keep accurate, up-to-date and detailed records of their patients' medical history.

Other new items in the catalogue include children's and adult's books, activity packs, oral health kits and Tell Me About leaflets. More than 40,000 copies of the catalogue have been printed and are available on request.

For more information on resources or to order a catalogue, call the Foundation's Resource Team on 01788 539 795 or email them at [order@dentalhealth.org](mailto:order@dentalhealth.org). **DT**

## Free CPD at Showcase 2012

With less than a year to go until the end of the first five-year cycle of CPD for more than 40,000 DCPs, this year's BDTA Dental Showcase offers a range of ways in which you can obtain CPD for FREE.

The whole dental team can gain both general and verifiable CPD through:

- Attendance at the complimentary Mini Lectures
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This year's BDTA Dental Showcase will take place at ExCeL London on 4-6th October. To take advantage of this fantastic opportunity to gain CPD, register for your free tickets before the closing date at: [www.dentalshowcase.com](http://www.dentalshowcase.com), call the registration hotline on 01494 729959 or text your name, address, occupation and GDC number to 07786 206 276. Advance registration closes 3 October 2012. On-the-day registration: £10 per person. **DT**



# Sellers market prevails in dental world

The ratio of goodwill to fee income for the average dental practice sold in the quarter ending 31 July 2012 has increased in the latest NASDAL goodwill survey. It has picked up by 10 per cent from 91 per cent of turnover in the previous quarter ending April 2012 to 101 per cent in the most recent collection of figures from NASDAL members.

An organisation of accountants and lawyers who advise about 20 per cent of GDPs, the NASDAL goodwill survey reflects a significant number of dental practice sales in any quarter. Percentage of turnover is the simplest method of measuring fluctuations of goodwill in the marketplace, but it is important to be aware that actual valuations

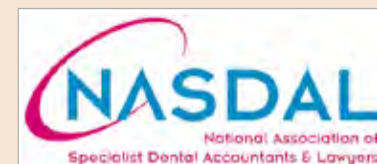
are calculated using a combination of different methodologies.

Alan Suggett, a partner in UNW LLP in Newcastle upon Tyne who carries out the NASDAL goodwill survey, commented: "There is still upward pressure on goodwill values for most

types of practice. Small and medium sized practices, both NHS and private, are in demand from associates who are, in some cases, desperate to own practices, and larger NHS practices are sought after by venture capital backed dental corporates.

Ray Goodman, of Goodman Legal commented: "The market may be buoyant but we are still seeing the effects of the recession. The length of time it is taking to sell a dental practice continues to grow because of the difficulty in securing loans from highly cautious lenders and also

because of non-specialist advisors operating in the marketplace." DT



## BDA PEC fills vacant seat

Dr Stephen Shimberg has been elected to serve as a member of the British Dental Association's (BDA's) Principal Executive Committee (PEC). He won a closely-contested by-election in the north west of England.

Dr Shimberg is a general dental practitioner in Worsley Village, Manchester. He has been a GDP since qualifying from Liverpool Dental School in 1971.

A lengthy career in dental politics has seen him chair West Pennine Local Dental Committee and serve as the West Pennine and Manchester representative on the BDA's General Dental Practice Committee (GDPC). As part of his role on GDPC, Dr Shimberg has acted as the cross-rep to the BDA's Salaried Dentists Committee and Central Committee for Hospital Dental Services.

He joins the 14 already-elected members of the PEC: Dr Mick Armstrong, Dr Paul Blaylock, Dr Victor Chan, Dr Eddie Crouch, Dr Martin Fallowfield (Chair), Dr Philip Henderson, Dr Judith Husband (Chair, Education, Ethics and the Dental Team), Dr Stuart Johnston, Dr Nigel Jones, Dr Robert Kinloch (Deputy Chair), Dr Russ Ladwa, Dr Alison Lockyer, Dr Susie Sanderson and Dr Graham Stokes. DT

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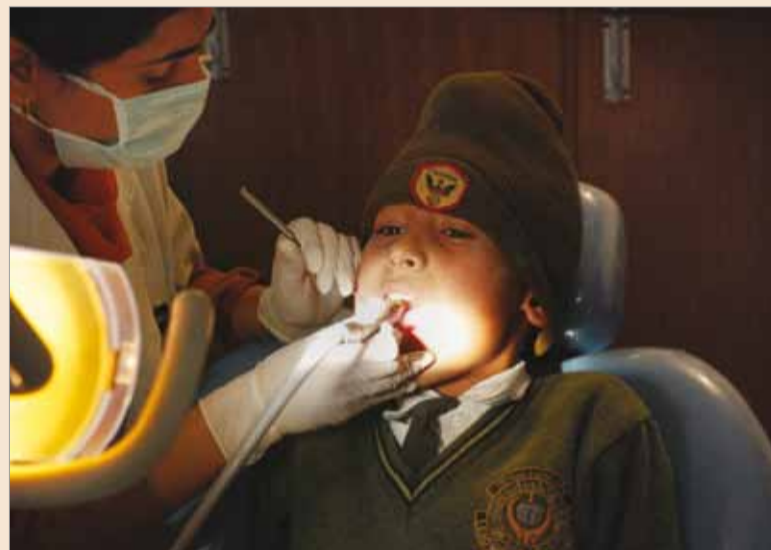
*Dental Tribune* interviews the founders of the Pain Relief Clinic in Hansali



All treatments supplied to patients is free



Visitors to the clinic



In the heart of rural Punjab lies the village of Hansali, a tiny settlement known as the “bread-basket of India”. The land is mostly inhabited by farmers who work the land for an income of around 3,000 Rupees (£36) a month. The people who live in these remote areas are deeply religious, and Sikhism is a significant part of their daily lives. The people here are not rich, but they do not

**Setting up**  
The idea for setting up a clinic in the Hansali area was originally that of the late Major Shamsher Singh, who studied medicine at the Medical School of Agra before serving in the Indian Medical Corps. At the time Hansali was no different to any other village in the area and had little to no medical care. With much encouragement and support from Dr Daman Lal-Sarin,

in eye surgery. I became an oral surgeon after my basic degree in dentistry, but it wasn't until I retired in 1999 from the Eastman Dental and Hammersmith Hospital that I came back home to serve my people,” explained Dr Coonar.

“During this period of time I was influenced by Dr Daman Lal-Sarin, who at the age of 60 had retired from general dental practice in Coventry and had started to volunteer in various parts of the world as a Rotarian dental surgeon. We talked about setting up a clinic and started to set one up here in Hansali.”

#### Central figure

A month after the clinic had been set up a happily retired Dr Lal-Sarin started to actively take part in how the clinic was run. Spending months at a time over in the remote farmlands, Dr Lal-Sarin soon became a centre figure at the clinic. As friends and family proudly exclaim, he made a significant impact on the staff at the clinic, making sure that apart from extractions they started gradually doing fillings, crowns dentures, and even root canal treatments all free

of charge.

Dr Lal-Sarin then brought in the help of the Rotary Club, who directly helped by sending volunteer UK dentists to the village. Even his wife, Mrs Chand Lal-Sarin, began volunteering at the clinic. The clinic started reaching out beyond the village boundaries, and as one can imagine, in an area where medical care is scarce, the clinic generated interest in the surrounding areas outside of Hansali. For the staff, the demand became intense, but even though their wages were low, their determination and enthusiasm never once faltered. In 13 years

more than 100,000 patients have used this free service and the clinic continues to provide free dental treatment and lectures on oral hygiene to the girls school and the boys schools.

#### Volunteers

“So far the clinic is going very well, and has had many visits from many volunteers,” Dr Coonar explained. “The first year when we established the clinic I invited the principal director of a dental college, Dr S Sidhu to work here. More recently a group from the international college of dentists from New Delhi taught the staff for three days.

“We have had visitors in small numbers through the Rotary in the past from Australia, England, Canada, USA and Argentina. In earlier days the Rotary used to pay for people to travel and we would provide them with accommodation and vegetarian food. But now the Rotary has very strict funding and volunteers have to fund the trips themselves, but we still provide them with accommodation.”

#### Funding

Most of the funding that the clinic receives is from Baba Ajit Singh Ji, a respected nobleman who has established a place for worship and people have faith in his presence. He is warmly known to the people as Babaji and is regarded by many as an enlightened man who cares for the welfare of all people. Babaji receives many offerings, and any money he receives is spent on good causes, such as education and health services. So far he has set up the local school, a college, a communal canteen at the very heart of the village and he even offered up his accommodation

*‘Dental care was non-existent until only a few years ago, when the Pain Relief Clinic was set up’*

fall in the category of poor from Indian standards; every village is connected by a road, and there are water pumps, electricity and irrigation facilities. None of them go without food and all the children have access to compulsory schooling. But the medical facilities in this area are very limited and dental care was non-existent until only a few years ago, when the Pain Relief Clinic was set up.

Major Shamsher Singh's two sons Dr Hardev Coonar and Dr Pritam Singh Coonar set up the Pain Relief Clinic in 1999, instantly bringing pain relief to the people in the village in which it was nestled.

“My father always wished that our rural area had better medical care and so my brother, Dr Pritam Singh Coonar, became a doctor and set up a medical practice in the village which specialised





for the location of the Pain Relief Clinic.

The clinic has four surgeries, two of which are well equipped, whilst the other two are older and in need of some modernisation. The clinic has its own power generator for when the power fails, and it even has digital radiograph equipment, which, as Dr Coonar explained, is a great improvement for the clinic.

**Future plans**

The plan now is to keep the clinic as a permanent feature and keep it as a centre for providing pain relief treatment to the surrounding community.



More treatment



The team at the Pain Relief Clinic

*'I can verify completely that every penny we get is spent on the clinic; not a penny is wasted'*

As both Dr Lal-Sarin and Dr Coonar highlighted, this is not a profit-making association; they buy local equipment and try to keep costs down as much as possible.

"There are so many charities that collect so much money but in quite a few cases people don't know what happens to the money, but I can verify completely that every penny we get is spent on the clinic; not a penny is wasted," Dr Daman Lal-Sarin said.

For more information on the Pain Relief Clinic and if you wish to donate equipment, please visit <http://bit.ly/Odfhsc>.

\* Images supplied courtesy of Ms Karsta Straub

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